

2006 LOST LAKE CAMP STAFF APPLICATION For Pastors and long term (2 or more years) staff
2006 Camp Session is July 10-14, staff training is on Sunday evening July 9

Name: _____

LAST FIRST MIDDLE (MAIDEN)

Social Security Number: _____ Birth date: ____/____/____

Email Address: _____ MO. DAY YR.

Present Address: _____ Driver's Licence # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Home Church Name: _____ Pastor: _____

Contact Person: Pastor or church leader: _____

(Name if not Pastor)

Previously held positions at Lost Lake Camp: _____

Position applying for: _____

Are you willing to abide by camp rules and policies for this position? _____ Yes _____ No

Have you ever been convicted of a criminal offense: _____ Yes _____ No If yes, please explain:

Have you ever had your driver's license suspended or revoked for any reason? _____

PLEASE COMPLETE APPLICATION ON BACK (Yes, we still need this document Notarized)

Applicant's Signature: _____ Date: _____

STATE OF WASHINGTON

COUNTY OF _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said persons acknowledged that he/she signed this application and acknowledged it to be his/her free and voluntary acts of the uses and purposes mentioned in the application.

DATED THIS _____ DAY OF _____, 2006

NOTARY PUBLIC in and for the State of Washington

Residing at _____

My appointment expires _____

Please check appropriate statements that are true for you in the past year:

_____ Participate in church activities

_____ Have regular devotional life & Bible study

_____ Consider yourself a “worshipper” of Jesus Christ

_____ Have a healthy & positive relationship with your church and pastor

Do you use any prescription drug on a regular basis? _____ If so, please state the name and the reason for its use:

Please list any medical conditions or medicines the camp Medical Director should be aware of:

If teaching/supervising children, will you be able to run short distances in an emergency?

___ Yes ___ No If “No” please explain:

REFERENCES: (Other than your Pastor)

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

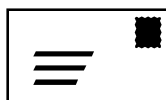
As a staff member you will be afforded a discount of \$35 off your child's registration cost. You may assume your acceptance and pay the \$65 for your child's registration, understanding if you are not needed or accepted—you will also need to pay the \$35.

This is our policy as of January 2004.

-----OFFICE ONLY USE: -----

DATE RECEIVED: _____ DATE APPROVED: _____

REFERENCE CHECKED: ___ Yes ___ No DATE CHECKED: _____ INITIALS _____



***Send this form to Lost Lake Camp Chairman, Ralph Ellingson,
Box 652, Republic, WA 99166-0652***